

Barriers to Inquiry about History of Sexual Assault during Initial Assessment

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Research Abstract

Presentation Audience	Women's health care professionals including nurses, advance practice providers, graduate nursing students and faculty
Research	Complete
Description/Overview	<p>History of sexual violence is a pertinent concern when providing comprehensive nursing care. One in three women and one in four men experience sexual violence within their lifetime, leading to a host of adverse health outcomes (CDC, 2020). The American College of Obstetricians and Gynecologists (2019) recommends sexual assault screening for all women using a trauma-informed care (TIC) approach. Yet, patients' histories of sexual violence may be overlooked by healthcare providers.</p> <p>Principles of TIC practice have been shown to promote healing (Machtinger et al., 2019). As provider comfort with history of sexual violence inquiry may depend upon previous education (Lewis-O'Connor et al., 2019; SAMHSA, 2014), preparing the next generation of nurses to incorporate TIC approaches is important.</p>
Purpose/Significance	The purpose of the current study was to investigate the extent to which graduate nursing students (N=180) in an accredited College of Nursing in the US believed they had previously overlooked a patient's history of sexual assault, and to identify participants' perceptions of what led them to avoid directly asking patients about sexual assault exposure.
Methods	Students in an advanced practice nursing program were sent a link to an electronic

	<p>survey via Qualtrics. Respondents were asked to complete a series of self-report questions assessing personal history of adverse childhood experiences, attitudes towards trauma-informed care, and beliefs about victims of sexual assault.</p>
<p>Results</p>	<p>Approximately 25% of graduate nursing students surveyed (n=43) reported a previous patient encounter in which they suspected the patient had a history of sexual assault, but they did not discuss their suspicion with the patient. Self-identified reasons for not directly addressing their suspicion of a sexual assault revealed the following themes: (i) fear of upsetting the patient, (ii) presence of a partner/family member during the encounter, (iii) lack of training, (iv) unrelated to presenting problem, and (v) personal discomfort.</p>
<p>Conclusions/ Implications for Women's Health</p>	<p>Given the link between sexual assault and lifelong health outcomes, awareness of a sexual assault history is key to a holistic understanding of patients' health and the provision of TIC practices. Understanding providers' self-identified reasons for failing to inquire about sexual assault history provides a guide for targeting and reducing barriers to widespread sexual assault screening within healthcare settings. Infusing content in nursing curricula about conducting sexual assault screening in a trauma-informed, patient-centered manner may reduce barriers uncovered within this study and improve provider responses to sexual assault screening initiatives and patient disclosure of sexual assault exposure.</p>

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